



MONROE COUNTY
LEAD HAZARD CONTROL \$5000 GRANT APPLICATION

RENTAL PROPERTY: **VACANT UNITS WILL BE GIVEN PRIORITY.** COMPLETE ALL SECTIONS RELEVANT TO VACANT UNITS. SIGN APPLICATION AND PROVIDE REQUESTED DOCUMENTATION.

OCCUPIED RENTAL UNITS: CHILDREN UNDER THE AGE OF 6 YEARS OF AGE MUST SPEND A MINIMUM OF 84 HOURS/WEEK AT UNIT. ASSIST TENANT WITH THE COMPLETION OF SECTIONS V & VI OF THIS APPLICATION. PROPERTY OWNER AND TENANT MUST SIGN APPLICATION. TENANT INCOME DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION. PROVIDE REQUESTED DOCUMENTATION.

OWNER OCCUPIED PROPERTY:

CHILDREN UNDER THE AGE OF 6 YEARS OF AGE MUST RESIDE AT THE GRANT APPLICANT ADDRESS. COMPLETE ALL SECTIONS (2 SIDES), SIGN FORM AND PROVIDE REQUESTED DOCUMENTATION.

- ☐ VACANT PROPERTY
☐ OCCUPIED RENTAL PROPERTY
☐ OWNER OCCUPIED PROPERTY

Section I - Grant Application Property Address (Specify Unit/Apartment Number):

Property Address: _____, Rochester, NY _____
(Street #, Name, & Apt #) (Zip Code)

Home is a: ☐ One Family ☐ Two Family ☐ Three Family ☐ Other _____

Number of Bedrooms in Specified Unit/Apartment: _____ Year Home was Built: _____

Section II - Property Owner/Corporation Information:

Property Owner OR Corporation Name: _____
☐ Mr. ☐ Mrs. ☐ Ms. (First Name) (Last Name) / Corporation Name Corp. Tax ID # or Social Security #

Property Owner Address: _____, _____, _____
(Street # & Name) (City) (Zip Code)

If Owned By A Corporation, Please Provide Contact Name: _____

Contact Phone Numbers: (home) _____ (work) _____ (cell) _____

- ☐ ATTACH COPY OF PROPERTY DEED AS PROOF OF OWNERSHIP
☐ ATTACH DOCUMENTATION FOR CORPORATIONS INDICATING WHO HAS LEGAL AUTHORITY TO CONDUCT BUSINESS FOR CORPORATION.

Section III – Lead Safe Work Practices Training

Prior to Lead Hazard Control Work Property Owner and Property Manager must show proof of attendance to a HUD approved 6-Hour “Lead Safe Work Practices” Class.

Property Owner Trained in LSWP? ☐ Yes ☐ No

Property Manager Name: _____ Trained in LSWP ? ☐ Yes ☐ No

- ☐ ATTACH COPY OF LSWP TRAINING CERTIFICATE FOR BOTH OWNER AND MANAGER.

Section IV - Property Taxes & Monroe County Payments:

Are ALL City of Rochester Taxes Paid for all properties owned? ☐ Yes ☐ No
Are ALL Monroe County Property taxes paid for all properties owned? ☐ Yes ☐ No
Is any money owed to the Monroe County including the Department of Human Services? ☐ Yes ☐ No

NOTE: Information will be verified through the Monroe County Department of Finance and City of Rochester Property Tax Department. If money is due contact Monroe County and or the City of Rochester prior to submitting grant application.

Section V – Rental Property Tenant & Owner Occupied Household Information:

Head of the Household: _____

☐ Mr. ☐ Mrs. ☐ Ms. (First Name) _____ (Last Name) _____ (Date of Birth) _____

Total # of People in Household: _____ Total # of Children < 6 Years of Age _____

Phone Numbers: (home) _____ (work) _____ (cell) _____

List Below all persons Residing in this home (Attach additional pages if necessary):

First & Last Name	Relationship	Date of Birth	Sex	If less than 6 years of age, is child on Medicaid?	*If less than 6 years of age Blood Lead Test in Past 6 Months?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* **Blood Lead Testing will be verified by the Monroe County Department of Public Health.** All Children under the age of 6 Years of age must obtain a Blood Lead Test within 6 months of this application. Parents should contact their Primary Care Physician to obtain current blood lead tests.

Section VI – Rental Property Tenant & Owner Occupied Household Income Information:

Indicate the amount of income, by source for all members of the household AGE 18 AND OVER. **Attach Required Income Documentation.** Applications are not complete or which are submitted without proper documentation will be retuned, which will delay approval of application.

\$ _____ **WAGES AND SALARIES:** Please submit a copy of your most recent Federal Income Tax Return, 4 current consecutive pay stub(s), wage statement(s) for all wage earners in household.

\$ _____ **SOCIAL SECURITY STATEMENT OR SSI BENEFITS:** Please submit a letter or statement indicating monthly benefits.

\$ _____ **OTHER INCOME:** Please submit all available documentation of any other income you may receive, whether or not this income is taxable. Other incomes may include; Public Assistance (County or Federal Subsidized Section 8), Unemployment, Worker's Compensation, etc.)

\$ _____ **TOTAL GROSS INCOME**

I certify that the information provided on this application, to the best of my knowledge is true and correct. The County of Monroe is hereby authorized to verify this information in any appropriate manner.

Signed (Applicant – Property Owner) _____ Date: _____

Signed (Head of Household/Tenant) _____ Date: _____

Return Application & Required Documentation to:

Monroe County Department of Public Health
 Childhood Lead Poisoning Prevention Program – HUD Grant
 111 Westfall Road - Room 844, P.O. Box 92832, Rochester, New York 14692
 (585) 753-5087